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PTO/SB/21 (08-00)

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1.14.04

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10 / 757046
Filing Date	1 · 14 · 04
First Named Inventor	FELBERG
Group Art Unit	3764
Examiner Name	—
Total Number of Pages in This Submission	Attorney Docket Number Goodman, d 101

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MARC D. FELBERG
Signature	
Date	5 · 26 · 04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class
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Typed or printed name	MARC D. FELBERG
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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/757046
Filing Date	1-12-04
First Named Inventor	FELBERG
Art Unit	3764
Examiner Name	—
Attorney Docket Number	Goodmarc d101

1-14-04

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	MARC D. FELBERG		
Address	c/o GOODMAN DESIGNS / TONNE GOODMAN		
Address	27 WEST 10 th STREET # 2		
City	NEW YORK CITY	State	NY.
Country	USA		
Telephone	917-345-3590	Fax	212-673-4864

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	MARC D. FELBERG		
Signature			
Date	5-26-04	Telephone	917-345-3590

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Dear officers,

5.20.04

JUN 07 2004

I hereby request to revoke power of attorney in regards to

Design patent # 29/ 192552 filed 10.24.03

utility patent # 10/7,570,46 filed 11/14/04

The attorney we seek to revoke is:

Jonathan B. Schafrann Esq.
2034 Quaker Ridge Road
Croton-on-Hudson, NY. 10520

Registration # 29,849

And hereby request as new assignee,

Marc D. Felberg
Goodmarc Designs / Tonne Goodman
27 west 10th street. # 2
NYC.. NY 10011

Thank you for your immediate attention regarding this request for power of attorney revocation,

Marc Felberg,